

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-036639

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 165

FILED SEP 25 1963

1. PLACE OF DEATH

a. COUNTY

Jasper

b. CITY (If outside corporate limits, give TOWNSHIP only)

Webb City

Length of stay in: 1b

4 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Jane Chinn Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY Newton

c. CITY

OR

TOWN Ritchey

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

None

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Jack

Middle

Lee

Last

Benton

4. DATE
OF
DEATH

Month

Day

Year

sept. 19, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☐ Divorced ☒

8. DATE OF BIRTH

3-23-1926

9. AGE (last birthday)

37

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Fireman

10b. KIND OF BUSINESS OR INDUSTRY

Tulsa Okla. Fire Dept.

11. BIRTHPLACE (City and state or country)

Ritchey, Mo. USA

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Herschel Benton

13b. MOTHER'S MAIDEN NAME

Hester Beck

14. NAME OF HUSBAND OR WIFE

Divorced

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes or unknown) (If yes, give dates of service)

Yes

WW II

16. SOCIAL SECURITY NO.

NW 11

17. INFORMANT

Address

Herschel Benton Ritchey, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Respiratory failure

INTERVAL BETWEEN
ONSET AND DEATH

3 minutes

DUE TO (b)

Acute bronchial pneumonia

5 days

DUE TO (c)

Multiple sclerosis

5 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I: (a)

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 9-15-63 to 9-19-63 and last saw her alive on 9-19-63

Death occurred at _____ m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Mo.

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

9-22-1963

23c. NAME OF CEMETERY OR CREMATORY

Newtonia I.O.O.F.

23d. LOCATION (City, town, or county)

Newtonia, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Shewmake Funeral Home Granby, Mo.

25. DATE RECD. BY LOCAL REG.

9-24-63

26. REGISTRAR'S SIGNATURE

Mrs. Madeline Sirtgen

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE/AMENDED

VS 300
Rev. 4/59

10495

20730

3

4

5

6

7

8

9345X

10

11

12 1-2

13 1-0

Removal issued 9-14-63

JAN 22 1964

FEB 27 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Floyd E. Shumaker

Licensed Embalmer No. 4923

P. O. Address Box 218 Gandy, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.